

HIPAA Notice of Privacy Practices



King County

Benefits, Payroll and
Retirement Operations

This notice, effective October 15, 2013, describes how medical information about you may be used and disclosed by King County and how you can get access to this information. Please review this notice carefully. If you have any questions, contact Benefits, Payroll and Retirement Operations at 206-684-1556 or kc.benefits@kingcounty.gov. For a copy of this notice, go to www.kingcounty.gov/employees/benefits/YourKingCountyBenefits.

Our obligations

We treat all personal information you provide us to administer your health benefits as confidential and, under the Health Insurance Portability and Accountability Act (HIPAA), we must:

- maintain the privacy of any protected health information (individually identifiable health information) you provide us when you enroll for benefit coverage, change coverage or ask for our assistance with a health benefit claim, except as indicated below;
- provide you with this notice advising you on how we handle your protected health information and informing you of our legal obligations and your rights regarding the information;
- notify you if there is a breach of your protected health information; and
- abide by the terms of this notice.

How we may use and disclose protected health information

When you enroll for benefit coverage, change coverage or ask for our assistance with a health benefit claim, you provide us with confidential information. For example, when you ask for our assistance with a claim, you may also provide us with details about the health treatments you've received and payments for services you've made. This information becomes protected health information when used and disclosed in the transactions required to administer your health benefits and facilitate payment of health claims.

Pursuant to this notice, we may use and disclose this protected health information to:

- our employees authorized to assist in the administration of County benefit plans; and
- representatives of the plans or any third-party administrators with whom we have agreements to provide your benefit services.

In addition, we may use or disclose protected health information as follows:

- to the extent required or allowed by law;
- for purposes of workers' compensation or similar programs;
- when necessary to prevent a serious threat to the health and safety of you or the public or to respond to a disaster;
- to report suspected abuse or neglect as required by law;
- for law enforcement purposes as required or allowed by law;
- for specialized governmental functions including to correctional institutions if you are in jail or prison, as necessary for your health and the health and safety of others;

- to business associates who provide services to us and assure us that they will protect the information from any unauthorized use or disclosure;
- to researchers, provided measures are taken to protect your privacy;
- to a coroner, medical examiner or funeral director consistent with applicable state law as necessary to carry out their duties with respect to the decedent;
- for public health and safety purposes as allowed or required by law including to public health authorities charged with preventing or controlling disease;
- in the course of judicial/administrative proceedings in response to a court order or other lawful process; and
- to an oversight agency that is conducting an investigation of us as authorized by law.

Most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information require your authorization. Other uses and disclosures not described in this notice will be made only with your written authorization.

Your rights

For any protected health information provided to and maintained by us, you have the right to:

- inspect and copy it;
- request amendments to it if it's incorrect or incomplete (we may deny amendment requests for specific reasons; for example, we deny requests to amend information we didn't create);
- request to know to whom it's been disclosed in the past six years;
- request restrictions on what is disclosed and to whom (we try to honor restriction requests, but are not required to do so); and
- request it be communicated to you in a certain way (for instance, that we only contact you by mail or at work; we will accommodate all reasonable requests).

You also have the right to cancel prior authorizations to use or disclose protected health information by providing us with written notice. Finally, you also have the right to receive a paper copy of this notice upon request. To exercise any of these rights, contact us in writing. Mail your request to King County Benefits, Payroll and Retirement Operations, The Chinook Building CNK-ES-0240, 401 Fifth Avenue, Seattle WA 98104, or email it to ***kc.benefits@kingcounty.gov***.

Changes to our privacy practices

We reserve the right to change our privacy practices and to apply the new practices to protected health information we already have as well as to any information we receive in the future. We will announce or notify you if we make changes and when the changes become effective.

Complaints

If you believe your privacy rights have been violated, you may file a complaint in writing with Benefits, Payroll and Retirement Operations or the Secretary of the U.S. Department of Health and Human Services. You won't be penalized for filing a complaint. To file a complaint with Benefits, Payroll and Retirement Operations, you may call the Privacy Officer at 206-263-3189 or mail your complaint to the Privacy Officer at The Chinook Building CNK-ES-0240, 401 Fifth Avenue, Seattle WA 98104.